

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 1-19-05.

The IRO reviewed therapeutic exercises from 2-10-04 to 2-26-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 2-28-05, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Code 97110 (two units) billed for date of service 2-12-04 had no EOB submitted by either party. Per Rule 133.308(f)(3), the requestor did not submit convincing evidence of carrier receipt of request for reconsideration. Per Rule 133.308(g)(3), the carrier did not submit the missing EOB as required. Therefore, no review and no reimbursement recommended.

The above Findings and Decision is hereby issued this 30th day of March 2005.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision



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NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 24, 2005

To The Attention Of: TWCC
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-16091

RE: Injured Worker:**MDR Tracking #:** M5-05-1483-01**IRO Certificate #:** 5242

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a chiropractic reviewer (who is board certified in chiropractic) who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Notice of IRO Assignment
- Medical Dispute Resolution Request/Response
- Table of Disputed Services
- Health Insurance Claim Forms dated 2/10/04-2/26/04 from Rehab 2112 Tony Bennett, D.C.
- Explanation of Review from Cambridge Integrated Services Group, INC. dates 2/10/04-2/26/04
- Health Insurance Claim Forms Request for Reconsideration dated 2/10/04-2/26/04 from Rehab 2112 Tony Bennett, D.C.
- IRO Request dated 3/7/05 from Michelle Ivey, D.C.
- MDR Request dated 1/6/05 from Michelle Ivey, D.C.
- Letter of Medical Necessity dated 10/13/04 from Michelle Ivey, D.C.
- Radiograph Report of the Cervical Spine, Thoracic Spine and Lumbar spine dated 12/22/03 from Lone Star Radiology
- MRI of the Cervical Spine and Lumbar Spine dated 12/15/03 from White Rock MRI
- Nerve Conduction Study Report dated 12/30/03 from Metroplex Diagnostic
- Rehab 2112 Daily Notes dates 2/12/04-3/24/04
- Rehab 2112 Psychology Group Notes dates 3/3/04-3/17/04
- Case Management Summary dates 3/3/04-3/17/04
- Work-out Program dates 2/26/04 and 3/10/04
- Treatment Plan 2/10/04-2/27/04
- Dallas Rehab 2112 Saunders Exercises for the neck and low back
- Report of Medical Evaluation dated 4/1/04 from Tony Bennett, D.C.

- Rehab 2112 Patient Release Worksheet
- Interim Functional Capacity Evaluation dated 3/25/04
- Required Medical Evaluation Report from Radie Perry, M.D. dated 3/2/04
- TWCC 73 from Radie Perry, M.D.
- WH/WC Pre-Authorization from Tony Bennett, D.C.
- Authorization of Service/Procedure dated 2/27/04 from Cambridge Integrated Services Group, INC.
- Rehab 2112 Work Program Policies
- Patient Orientation & Education Checklist
- Functional Capacity Evaluation dated 3/2/04 from Tony Bennett, D.C.
- Non-Certification of Service/Procedure dated 2/13/04 Cambridge Integrated Services Group, INC.
- Initial Comprehensive Examination dated 1/16/04
- Recommended Treatment Plan dated 1/16/04
- Designated doctor Evaluation Report dated 4/6/04 from Martin Jones, M.D.
- Musculoskeletal Examination dates 12/12/03, 12/29/03, and 1/15/04
- Daily Progress Notes dates 12/12/03-1/19/04
- Evaluation Report dated 1/8/04 from James Laughlin, D.O.
- Intake Medical Report dated 12/19/03 from Viarion Padilla, M.D.
- Medical Evaluation from Concentra Medical Center, Steven Holtzman, M.D. dated 1/27/04

Submitted by Respondent:

- Correspondence from Flahive, Odgen & Latson dates 2/8/05 and 3/8/05
- Pre-Authorization Review dated 2/13/04 from Michael Booth, D.C.
- Non-Certification of Service/Procedure dated 2/13/04
- MDR Request/Response
- Designated Doctor Examination Report dated 10/28/04 from Leo Fitzgerald, M.D.
- Required Medical Evaluation dated 9/24/04

Clinical History

Ms. ____ is a 38 year old female who injured her neck, mid back and low back with radicular symptoms in the left upper and low extremities as a result of an injury when she was sitting down in a chair at work when the chair broke. The claimant was initially seen at Concentra Medical Center on 12/11/03 where x-rays and prescription medication were prescribed. The claimant then sought care on 12/12/03 at Accident & Injury Clinic for neck mid back and low back pain. The claimant x-rays of the cervical spine, which were taken on 12/12/03 revealed postural alterations and mild restriction of the upper cervical extension. The x-rays of the thoracic spine revealed mild spondylosis in the mid thoracic spine. The x-rays of the lumbar spine revealed postural alterations and a mild decrease in the L5/S1 intervertebral disc space, which may represent finding of spondylosis. The claimant had a MRI of the cervical spine performed on 12/15/03 from White Rock MRI which revealed mild desiccation within C2 through C6 disc material with a broad based posterior bulge of the C5 annulus by approximately

3mm which contacts but does not displace the thecal sac. The claimant also had a MRI of the lumbar spine performed on 12/15/03 from White Rock MRI, which revealed mild desiccation within the disc material with posterior bulging of the annular fibers at L5 measuring approximately 2-3mm, which displaces but does not contact the thecal sac. The claimant also had a nerve conduction study performed of the upper and lower extremities by Natalia Kogan, D.C. which revealed evidence of right median nerve entrapment at the wrist the remainder of the study was unremarkable. The claimant treatment has consisted of extensive chiropractic manipulation with various physiotherapy modalities, therapeutic exercises and a work hardening/work conditioning program. The claimant was determined at MMI by designated doctor, Martin Jones, M.D. with a 0% whole person impairment on 4/6/04.

Requested Service(s)

Therapeutic exercises (97110) for dates of service 2/10/04 - 2/26/04.

Decision

I agree with the insurance carrier and find that therapeutic exercises (97110) are not reasonable and necessary after 1/30/04 and further treatment beyond this time frame could be consider excessive.

Rationale/Basis for Decision

I form this decision using the Official Disability Guidelines 10th Edition which is a guideline of specific conditions which uses a major source being the "Mercy Guidelines", the consensus document created by the American Chiropractic Association in conjunction with the Congress of State Chiropractic Associations, entitled Guidelines for Chiropractic Quality Assurance and Practice Parameters, Proceedings of the Mercy Center Consensus Conference. The Official Disability Guideline 10th Edition allows up to 18 chiropractic treatment over a 6-8 weeks for an apparent soft tissue injury to the cervical, thoracic and lumbar spine. It would have seemed reasonable for the claimant to have been faded from active care and instructed with a home treatment exercise program of stretching and strengthen the affected injured regions of the spine. It from these Guidelines I form my decision for the above reference claimant.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 24th day of March 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder